

ENTRY BLANK

DO NOT DETACH

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

Mr. Artist

yes

no

Permanent
Address

Patrick Burke
(Last Name Last)
6114 Michael Drive - Belpark

Street

City

Zip

Tel. (216)

676 5635

Area Code

Temporary or
Studio Address

Street

City

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator *Note*

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.

Museum should dispose of.

Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Robert Burke

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Patrol W. Burke

DO NOT DETACH

1983 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Patrick Burke

Name

6114 Michael Drive

Address

Brook Park Ohio 44142

City & State

Zip

NOTIFICATION #2

DO NOT
DETACH**1**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

This is your only receipt to claim your object(s).

Title

Mountain Pottery

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

Waiting for Kong

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

*43(P)**X*

RETURN OF OBJECTS:

REJECTED: MAY 31- JUNE 4

ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed.